**TRAVEL RISK MANAGEMENT FORM**

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| **FOR HEALTH PROFESSIONAL USE ONLY IN CONJUNCTION with TRAVEL RISK ASSESSMENT FORM** |
| **Patient Name: dob:**Childhood immunisation history checked: Additional information: |
| **National database consulted** for travel vaccines recommended for this trip and malariachemoprophylaxis (if required): **NaTHNaC: TRAVAX: Other:** |
| **Disease protection****advised** | **Yes** | **Disease protection****advised** | **Yes** | **Malaria Chemoprophylaxis Yes****Recommendation** |
| BCG/Mantoux |  | Influenza |  | Atovaquone/proguanil |
| Cholera |  | Meningitis ACWY |  | Chloroquine only |
| Dip/tetanus/polio |  | MMR |  | Chloroquine and proguanil |
| Hepatitis A |  | Rabies |  | Doxycycline |
| Hepatitis B |  | TBE |  | Mefloquine |
| Hepatitis A+B |  | Typhoid |  | Proguanil only |
| Hepatitis A + Typhoid |  | Yellow fever |  | Emergency standby |
| Japanese Encephalitis |  | Other |  | Weight of child: |
| **Vaccine and General Travel Advice required/provided** |
| Potential side effects of vaccines discussedPatient Information Leaflet (PIL) from packaging or from [www.medicines.org.uk/emc/ giv](http://www.medicines.org.uk/emc/)en |  |
| Patient consent for vaccination obtained: verbal □ written □ |
| Post vaccination advice given: verbal □ written □ |
| **General travel advice** leaflet given (all topics below in the surgery/clinic advice leaflet) and patient asked to read entire leaflet due to insufficient time to advise verbally on every topic: **Yes / No****Items ticked below indicate topics discussed specifically within the consultation:** Prevention of accidents Mosquito bite prevention Personal safety and security Malaria prevention advice Food and water borne risks Medical preparation Travellers’ diarrhoea advice Sun and heat adviceSexual health & blood borne virus risk Journey/transport adviceRabies specific advice Insurance advice**Other specific specialised advice / information given on:**e.g.smoking advice for a long haul flight; altitude advice; prevention of schistosomiasis etc.Source of advice used for further information : NaTHNaC TRAVAX Other**OR** no additional specialised advice given □ |

**PTO**

**Additional patient management or advice taken following risk assessment – for example**

 Vaccine(s) patient declined following recommendation, and reason why

 Telephoned NaTHNaC or TRAVAX for advice or used Malaria Reference laboratory fax service

 Contacted hospital consultant for specific information in respect of a complex medical condition

 Identified specific nature/purpose of VFR travel

**Authorisation for a Patient Specific Direction (PSD)**

Following the completion of a travel risk assessment, the below named vaccines may be administered

under this PSD to:

**Name: dob:**

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| **Name, form & strength of medicine**(generic/brand name as appropriate) | **Dose, schedule and route of administration** | **Start and finish dates** |
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| **Signature of Prescriber** | **Date** |
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**Post Vaccination administration**

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| --- | --- |
| Vaccine details recorded on patient computer record (vaccine name, batch no., stage, site, etc.) | **Y / N** |
| SMS vaccines reminder or post card reminder service set up | **Y / N** |
| Travel record card supplied or updated: | **Y / N** |
| **Travel risk management consultation performed by:** (sign name and date) |

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